

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>IL6005300</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/28/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LEWIS MEMORIAL CHRISTIAN VLG</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3400 WEST WASHINGTON<br/>SPRINGFIELD, IL 62702</b>                           |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| S 000                                                                   | Initial Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | S 000                                                                         |                                                                                                                          |  |                                                        |
|                                                                         | Annual Certification and Licensure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                                                          |  |                                                        |
| S9999                                                                   | Final Observations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S9999                                                                         |                                                                                                                          |  |                                                        |
|                                                                         | Statement of Licensure Violations:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                                                          |  |                                                        |
|                                                                         | 300.610a)<br>300.1210b)<br>300.1210d)6)<br>300.1220b)2)<br>300.3240a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                                                                          |  |                                                        |
|                                                                         | Section 300.610 Resident Care Policies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                                                                                          |  |                                                        |
|                                                                         | a) The facility shall have written policies and<br>procedures governing all services provided by the<br>facility. The written policies and procedures shall<br>be formulated by a Resident Care Policy<br>Committee consisting of at least the<br>administrator, the advisory physician or the<br>medical advisory committee, and representatives<br>of nursing and other services in the facility. The<br>policies shall comply with the Act and this Part.<br>The written policies shall be followed in operating<br>the facility and shall be reviewed at least annually<br>by this committee, documented by written, signed<br>and dated minutes of the meeting. |                                                                               |                                                                                                                          |  |                                                        |
|                                                                         | Section 300.1210 General Requirements for<br>Nursing and Personal Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                                                                                          |  |                                                        |

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

**07/19/18**

Illinois Department of Public Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LEWIS MEMORIAL CHRISTIAN VLG</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3400 WEST WASHINGTON<br/>SPRINGFIELD, IL 62702</b>                           |  |                                                        |
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| S9999                                                                   | <p>Continued From page 1</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.3240 Abuse and Neglect</p> | S9999                                                                         |                                                                                                                          |  |                                                        |

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| S9999                                                                   | <p>Continued From page 2</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, interview and record review the facility failed to supervise, follow, implement new and effective interventions, follow standard care of practice for transfers, and use proper equipment for 6 of 9 residents (R41, R58, R60, R70, R129, and R206) reviewed for falls in the sample of 43. This failure resulted in R41 falling and lacerating her head and requiring staples to close the wound on 08/12/17. Then, R41 falling and fracturing her Left femur on 05/14/18 requiring hospitalization and surgical intervention for hip replacement. This failure also resulted, in R70 falling out of bed and fracturing facial bones on 04/28/18.</p> <p>Findings include:</p> <p>1. R41's Clinical Record documents that R41 has had 16 documented falls, with the first fall being on 06/19/17 and the last fall being on 05/14/18 with this fall resulting in, R41 falling at the facility and fracturing femur, requiring Left total hip replacement. The fall on 07/25/17, documented on post fall management QA form, documents staff education was done for proper transfer status. Following by proper gait belt use at all times.</p> <p>R41's Progress Notes dated 06/19/17, at 6:48PM documents that R41, was found lying on the floor, in her room beside her bed in front of the</p> | S9999                                                                                          |                                                                                                                          |                                                        |

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| S9999                                                                   | <p>Continued From page 3</p> <p>wheelchair. R41's Progress Notes, document no injuries. The facility QA form documents the facility's Post Fall Management QA form, dated 06/19/17, documents root cause determination as fixing pillows and lost balance. The QA for documents the following new interventions and recommendations need to be implemented; evaluate for restorative programs, anti-rollback.</p> <p>R41's Progress Notes dated 06/24/17, at 3:30 PM, documents that overhead page for assistance in the dining room. R41 was observed sitting on her buttocks, on the floor with her back against another resident's wheelchair. R41's Progress Notes document no injuries. The facility's Post Fall Management QA form, dated 06/29/17, documents root cause determination "felt as if she could walk" attempted to self-transfer. The QA form documents the following, new interventions and recommendations need to be implemented; falling star program, chair and bed alarm.</p> <p>R41's Progress notes dated 06/26/17 at 3:57 PM, documents that staff reported to the nurse, R41 was on the floor in her room. R41's Progress Notes document that R41 was trying to get out of her bed. R41 stated, she fell out of bed and hit her head hard. R41's Progress Notes document no injuries. The facility Post Fall Management QA form, dated 06/26/17, documents the facility's Post Fall Management, documents root cause determination as attempting to get out of bed. The QA form documents the following new interventions and recommendations need to be implemented; falling star program, encourage staff to lie down after meals.</p> <p>R41's Progress notes dated 07/25/17, 6:05 PM, documents R41 was observed sitting on the floor</p> | S9999                                                                      |                                                                                                                          |  |                                                     |

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| S9999                                                                   | <p>Continued From page 4</p> <p>in front of her bed. R41's Progress Notes, document that V27 Certified Nursing Assistant, (CNA), stated that she lowered, R41 to the floor during transfer. R41 stated that she lost her balance when she was being transferred from her wheelchair to the bed. The facility Post Fall Management QA form dated 07/25/17, documents root cause determination as lowered to the ground, weakness. The QA form documents the following new interventions and recommendations need to be implemented; falling star program, therapy to screen for strengthening. The QA form also, documents staff education attached. The attached Facility Training Sign in Sheet, dated 07/26/17, documents V27, CNA received training for following proper transfer status, wearing gait belt at all times.</p> <p>R41's Progress notes dated 07/28/17, 7:05 AM, documents R41 was found on the floor in her room. R41's Progress Notes document, that R41 stated, she was trying to go to the bathroom and clean up, before going to the dining room. R41's Progress Notes document no injuries. The facility Post Fall Management QA form dated 07/28/17; documents root cause determination self-transfer attempting to go to the bathroom. The QA form documents the following new interventions and recommendations need to be implemented; falling star program, encourage to get up early morning (get up list).</p> <p>R41's Progress notes dated 08/12/17, 3:48 PM, documents R41 was found on the floor in her room with her back leaning against the air conditioning unit, with blood noted on the floor and back of her head. Progress Notes document ambulance called and R41 was sent to the hospital for evaluation and treatment. Injury</p> | S9999                                                                                          |                                                                                                                          |                                                        |

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| S9999                                                            | Continued From page 5<br><br>documented as a laceration to the back of R41's head. R41's emergency room discharge instructions, dated 08/12/17, documents that R41 received staples to her head to close laceration. The QA form documents the following new interventions and recommendations need to be implemented; falling star program, and glow tape to the call light.<br><br>R41's Progress Notes, dated 09/15/17, 7:21 AM, documents R41 found sitting on floor in her room. R41 stated that she was trying to get up to get a pair of socks. R41's Progress notes document no injuries. The facility Post Fall Management QA form, dated 09/15/17, documents root cause determination as ambulating without assistance to get socks. The QA form documents the following, new interventions and recommendations need to be implemented, offer to get up earlier, non-skid shoes at bedtime offered.<br><br>R41's Progress Notes 09/29/17, 3:47 PM, documents R41 found sitting on floor in her room. R41 stated that she was trying to get into bed and fell. R41's Progress Notes document no injuries. The facility, Post Fall Management QA form dated, 09/29/17, documents root cause determination as, non-compliance, self-transferring. The QA form documents the following, new interventions and recommendations need, to be implemented assess for restorative transfer program.<br><br>R41's Progress Notes 10/19/17, at 10:16 PM, documents R41 in her bathroom sitting on floor. R41 stated that she was trying to get to the toilet from her wheelchair, but had incorrect shoes on. R41's Progress notes document no injuries. The facility Post Fall Management QA form, | S9999                                                                                  |                                                                                                                          |                                              |

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**LEWIS MEMORIAL CHRISTIAN VLG**

**3400 WEST WASHINGTON  
SPRINGFIELD, IL 62702**

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| S9999                    | <p>Continued From page 6</p> <p>dated 10/19/17, documents root cause determination as self-transfer to bathroom. The QA form documents the following new interventions and recommendations, falling star program, 3 day voiding diary.</p> <p>R41's Progress Notes 11/01/17, at 2:52 PM, documents R41 found lying on her left side on the floor in her room. R41 stated that she bent over with reachers, trying to get her wig and fell out of the wheelchair. R41's Progress Notes, document no injuries. The Facility Post Fall Management QA form, dated 11/01/17, documents root cause determination as slid out of wheelchair. The QA form documents the following, new interventions and recommendations need to be implemented to apply anti-skid pad in wheelchair.</p> <p>R41's Progress Notes, 11/17/17, at 9:00 PM, documents R41 resident fell attempting to self-ambulate in her room. R41's Progress notes document no injuries, The Facility Post Fall Management QA Form documents root cause determination as self-transfer to bed. The QA form documents, the following new interventions and recommendations, falling star program, non-skid strips in front of the bed, re-educate on the importance of waiting for assistance.</p> <p>R41's Progress notes dated, 12/16/17, at 5:18 PM, documents R41 was found on the floor in her room. R41 stated that she had spilled her soda and was trying to clean it up, when she fell forward on the floor from her chair.</p> <p>R41's Progress notes, document no injuries. The Facility Post Fall Management QA Form dated, 12/16/17, documents root cause determination as leaning over to clean up spilled soda. The QA form documents the following new interventions and recommendations therapy to screen for</p> | S9999               |                                                                                                                          |                          |

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| S9999                                                                   | <p>Continued From page 7</p> <p>balance and trunk control.</p> <p>R41's Progress Notes dated, 02/25/18 at 3:38 PM, documents R41 found on the floor in her room. R41 stated, slid out of chair when getting something out of her drawer. R41's progress notes document no injuries. The Facility Post Fall Management QA Form, dated 02/25/18, documents root cause determination as cushion slide out of wheelchair. The QA form documents the following new interventions and recommendations assess resident wheelchair cushion and apply non-stick material if needed.</p> <p>R41's Progress noted 02/26/18, at 8:43 PM, documents R41 found on floor in her room. R41's progress notes document no injuries. The Facility's Post Fall Management QA Form dated 02/26/18, documents no root cause determination. The QA form documents the following new interventions and recommendations, PT screen, Make sure items that R41 uses frequently are in reach, anti-roll backs if she doesn't already have them.</p> <p>R41's Progress note dated 04/14/18, at 9:32 PM, documents staff witnessed R41 falling, but could not reach her in time. R41's progress notes document no injuries. The Facility Post Fall Management QA Form dated 04/04/18, documents root cause determination as attempting to self-transfer to the bathroom. The QA form documents the following new interventions and recommendations need to be implemented; call physician and request urinalysis (UA) related to increased confusion.</p> <p>R41's Progress note dated 05/14/18, at 11:54 AM, documents R41 was walking, pushing another resident in her wheelchair when she lost</p> | S9999                                                                         |                                                                                                                          |  |                                                        |

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| S9999                                                                   | <p>Continued From page 8</p> <p>her balance and fell. House X-ray done because R41 later complained of left leg pain. X-ray results showed a femoral neck fracture. The facility Post Fall Management QA form dated 05/14/18, documents root cause determination as self-transferring while helping another resident. The QA form documents the following new interventions and recommendations to be implemented: falling star program, re-educate importance of assistance and not assisting others.</p> <p>The Incident/Accident Report or Unusual Occurrence for R41 for incident on 5/14/18 documents after initially having no pain, "(R41) then complained of left leg pain. An x-ray was then ordered and performed in house. reports showed a femoral neck fracture. (R41) was then sent to the ER (emergency room)." "(R41) was admitted to (local hospital)."</p> <p>A time line entitled, (R41) - Falls, provided by V2, Director of Nursing on 6/27/18, documents diagnosis to include, "Left Hip Fx (fracture)- 5/14/18 - joint replacement required."</p> <p>R41's Minimum Data Set (MDS) dated 05/06/17, documents that R41 requires extensive assistance and 2 plus person physical assistance for transfers and extensive assistance. R41's MDS documents that R41 has a Brief Interview of Mental Status (BIMS) of 12 with a score of 8-12 being cognitively impaired.</p> <p>R41's Minimum Data Set (MDS) dated 06/14/18, documents that R41, requires extensive assistance and 2 plus person physical assistance for transfers and extensive assistance. R41's MDS documents that R41 has a BIMS of 13, with a score of 13-15 being cognitively intact.</p> | S9999                                                                                          |                                                                                                                          |                                                        |

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| S9999                                                                   | Continued From page 9<br><br>R41's Fall Risk evaluation dated 06/15/17,<br>documents a score of 16 which indicates high risk<br>for falls.<br>R41's Fall Risk evaluation dated 06/26/17,<br>documents a score of 12 which indicates high risk<br>for falls.<br>R41's Fall Risk evaluation dated 02/25/18,<br>documents a score of 20 which indicates high risk<br>for falls.<br>R41's Fall Risk evaluation dated 04/04/18,<br>documents a score of 17 which indicates a high<br>risk for falls.<br><br>R41's Care Plan dated 05/17, documents in part<br>that R41 has a diagnosis of Multiple Sclerosis.<br>R41's Care Plan Dated 05/04/17, documents R41<br>is High risk for falls r/t (related to), impaired<br>mobility, MS, weakness, Dementia and receives<br>medication that could have adverse reaction and<br>Stroke Hx, (history).<br><br>On 06/27/18, at 1:20 PM, V2, Director of Nursing<br>(DON), stated "things can be prevented" when<br>discussing concerns of falls.<br><br>On 06/28/18, at 2:30PM, V30, R14's primary<br>Physician, stated that he would expect staff to try<br>to use a gait belt during transfers. V30 agreed, if<br>the same interventions are used and R41<br>continues to fall, the interventions are ineffective.<br>V30 stated R41 has a diagnosis of Multiple<br>Sclerosis and Dementia and is on medication for<br>Dementia.<br><br>The Facility Policy Fall Prevention dated February<br>2, 2010 documents it is the policy of the facility to<br>provide each resident with an appropriate<br>assessment and interventions to prevent falls.<br>The policy documents all resident falls in the | S9999                                                                         |                                                                                                                          |  |                                                        |

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| S9999                                                                   | <p>Continued From page 10</p> <p>facility are analyzed and trended through the QA process to maintain a safe environment</p> <p>2. R70's MDS, dated 05/07/18, documents a BIMS score of 15, cognitively intact.</p> <p>R70's June 2018 Physician Order Sheet (POS) documents in part, diagnoses to include, Dementia other specified, disorder of bone density and structure unspecified.</p> <p>R70's Care Plan, dated 06/16/18, page 2, 3, 4 of 25, documented in part, Focus: high risk for falls related to personal history of falls that occurred 08/13/15, with most recent fall before admission date of 08/17/15, resulted in thoracic fracture, impaired mobility/balance and poor self-position. The same care plan, documented R70's interventions/tasks documented in part, a working and reachable call light and the bed in low position at night initiated on 02/28/18. Intervention implemented prior to 04/28/18 fall included: overlay placed on bed.</p> <p>History and Physical Report (H&amp;P) dated 08/13/15 on R70's admission history, documented R70 with a recent fall sustaining a thoracic fracture.</p> <p>R70's Initial Fall Risk Assessment dated 08/17/15 identifies a score of (11.0), High Risk for Falls.</p> <p>R70's Fall Risk Assessment dated 01/30/18 identifies a score of (10), High Risk for Falls.</p> <p>R70's Hospital H&amp;P report dated 04/28/18, documented in part, R70 presented to emergency room, related to a fall from bed.</p> | S9999                                                                      |                                                                                                                          |  |                                                     |

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| S9999                                                                   | <p>Continued From page 11</p> <p>R70's same H&amp;P report documented in part, CT (Computed tomography) Scan head impression: "Hemorrhage in the right maxillary sinus. Subtle mildly depressed fracture of the anterior wall of the right maxillary sinus with some hemorrhage in the dependent portion of the right maxillary sinus. Also, Forehead laceration, 6cm (centimeters), left hand 3rd digit laceration and 4th digit laceration, no repair. "</p> <p>R70's Progress Note dated 04/28/18 at 06:10 AM documented in part, R70 observed lying on the floor face down. R70 stated "I was getting up to go listen to my kids sing." On previous rounds at 5:45 AM, the CNA stated she emptied residents indwelling catheter and re-lowered R70's bed to the low position. Upon arrival to R70's room at time of incident, R70's bed was up in the high position, call bell was not on.</p> <p>On 06/27/18, at 11:42 AM, V2 stated she believes R70 was adjusting her bed level, probably thinking it was her call light.</p> <p>On 06/28/18, at 12:00 PM, V28, physician, stated if R70's bed was placed in the low position, this could have prevented R70 from sustaining a facial fracture.</p> <p>3. R206's Care Plan dated 06/19/18, documents in part R206 was admitted to the facility on 06/19/18 with diagnosis including, Unspecified Dementia without Behavioral Disturbance, Generalized Anxiety Disorder, Dizziness and Giddiness. Focus: Resident is at risk of falls related to: Impaired mobility. Resident has attempted to transfer herself and ambulate without assistance. Goal: Resident will have no more than minor injury if a fall occurs, through the</p> | S9999                                                                         |                                                                                                                          |  |                                                        |

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| S9999                                                                   | <p>Continued From page 12</p> <p>review date. Interventions/Tasks 06/21/18, Anti-roll backs to be placed on wheelchair. 06/25/18, Falling Star Program. 06/26/18, Fall mats placed on floor next to bed. *Be sure call light is within reach and encourage to use it for assistance as needed. Needs prompt, response to all requests for assistance. *Ensure wearing appropriate footwear when ambulating, transferring or mobilizing in wheelchair. *Ensure resident is wearing corrective lenses, if applicable. *Keep furniture in locked position. *Keep needed items, water, etc, in reach. *Maintain a clear pathway in room, free of obstacles. *Monitor for decline in ADLS.</p> <p>R206's Progress notes dated 06/20/18, documents, "Resident was noted walking up hallway from her room and was assisted to her wheelchair and placed at nurse's station for observation. While there, she got up and before staff could reach her, she fell to floor. Upon skin check, a skin tear was noted to resident's right elbow. Treatment to skin tear given and steri-strips applied and a foam adhesive. Vital signs obtained and PROM (Passive Range of Motion) without c/o, back up to wheelchair and sitting with staff on duty, Post fall huddle."</p> <p>On 06/25/18 at 10:00 AM, R206 is sitting near the nurse's desk in her wheelchair and was getting up V20, Licensed Practical Nurse, (LPN), is asking her several times to sit back down. At 10:43, R206 is getting up, out of her wheelchair and V20 is asking her to sit back down. 06/25/18, 12:28 PM, R206 is in the large dining room, stood up from wheelchair, trying to step over the wheelchair foot pedals, no staff was around, surveyor told V29 Dietary Aide, who was behind the food counter, that someone needs to get her before she falls. V29 went to 300 Hall and got</p> | S9999                                                                         |                                                                                                                          |  |                                                        |

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**LEWIS MEMORIAL CHRISTIAN VLG**

**3400 WEST WASHINGTON  
SPRINGFIELD, IL 62702**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| S9999                    | <p>Continued From page 13</p> <p>V20, who came to the dining room and took R206 back to 300 Hall.</p> <p>On 06/26/18 at 9:41 AM, when asked why R206 would be left in the dining room, without staff around since she is a high fall risk. V20 states, "She is on the Falling Star Program, we can't do 1 on 1 with everyone."</p> <p>4. On 06/27/18 at 9:10 AM, V11 and V17, CNA's transferred R60 from her bed to her wheelchair using a partial mechanical lift. (Used machine model, with weight (wt.) capacity of 350 pounds, with a sling underweight rated. Used wrong machine for her wt. Sling does not belong to this lift machine; it belongs to another lift machine.</p> <p>R60's Electronic Medical Record (EMR) dated 06/04/18, documents R60's weight to be 364.6 pounds.</p> <p>On 06/27/18 at 9:35 AM, V6 LPN stated, "That is the only machine the resident will use, she says the other one is not comfortable for her. We always interchange the slings with the machines; I didn't know we had to use the sling that goes to the machine."</p> <p>On 06/27/18 at 2:00 PM, V1 stated, "That is the only machine she will use."</p> <p>The Operation Manual for Products dated 2011, documents in part, Sling and Belt safety Instructions Important Notice, This sling or belt has been specifically designed and tested for use with lifts or stands manufactured..</p> <p>5. On 06/25/18, at 10:18 AM, V16, Certified Nurse Assistant, (CNA) entered R129's room with the partial mechanical lift products, Care Stand</p> | S9999               |                                                                                                                          |                          |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>IL6005300 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY COMPLETED<br><br>06/28/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>LEWIS MEMORIAL CHRISTIAN VLG |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3400 WEST WASHINGTON<br>SPRINGFIELD, IL 62702                                   |  |                                              |
| (X4) ID<br>PREFIX<br>TAG                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                 | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                     |
| S9999                                                            | Continued From page 14<br><br>Plus Total Support. V16 applied the care belt, for the partial mechanical lift around R129. V16 raised R129 up from the wheelchair, with the use of the partial mechanical lift and transferred R129 from her room into the bathroom and lowered her onto the toilet. After R129 was finished, V16 raised R129 off the toilet, with the partial mechanical lift and pushed R129 into her room. V16 left R129 in her room up in the lift unattended for 3 minutes, while V16 was observed in the bathroom, flushing the toilet and getting toilet paper. V16 transferred R129, into the wheelchair when care was completed. V16 then removed the belt from R129. V16 did not apply the shin support strap, located on the partial mechanical lift, to V129.<br><br>6. On 06/26/18 at 10:29 AM, V25 and V26, CNA's, entered R58's room with the partial mechanical lift products, Care Stand Plus Total Support, V25 and V26 applied the care belt for the partial mechanical lift around R58. V25 raised R58 up from the wheelchair with the use of the partial mechanical lift and transferred R58 from her room into the bathroom and was lowered onto the toilet. After R58 was finished, V25 raised R58 off the toilet with the partial mechanical lift and transferred R58 into the wheelchair when care was completed. V26 then removed the belt from R58. V25 and V26 did not apply the shin support strap, located on the partial mechanical lift.<br><br>The Partial Mechanical Lift Products Operation Manual, (dated 2011) documents, Care Stands Model, Care Stand Operations Care Belt 2. "Have the patient place their feet on the support plate, with their shins against the shin support pad. For added stability, fasten strap around calves." | S9999                                                               |                                                                                                                          |  |                                              |

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